

U.S. DISTRICT COURT  
N.D. OF N.Y.  
FILED

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

## UNITED STATES DISTRICT COURT

for the

JUN 19 2017  
LAWRENCE K. BAERMAN, CLERK  
ALBANYBobbi Constantine

Plaintiff/Petitioner

Civil Action No.

9:17 CV 661 (DNH/DEP)

Rensselaer County, Rensselaer Jail, Chief Heilmann, Sheriff Russo

Defendant/Respondent

St. Holge, St. Randal, St. Bata, Lt. Saver, Lt. Rakin, Rensselaer County Attorney  
St. Gesevicz, under bly, St. Mechem, Captain Dunham, Noel Patterson - officer Keller, officer Sndle, St. Heggst  
Officer Simmons (mtd).APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS  
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. If incarcerated. I am being held at:

Rensselaer County Jail

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. If not incarcerated. If I am employed, my employer's name and address are:

My gross pay or wages are: \$ 0, and my take-home pay or wages are: \$ 0 per

(specify pay period) I have had no income since Nov 2016.

3. Other Income. In the past 10 months, I have received income from the following sources (check all that apply):

- |  |                              |  |
|--|------------------------------|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts, or inheritances                         | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other sources                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

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4. Amount of money that I have in cash or in a checking or savings account: \$ 10.43.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):

135 Shaker Road Albany NY 12211 200,000 I owe 209,534.57.  
 5101 N Myrtle Beach, Myrtle Beach SC 29562. 100,000 I owe 131,000

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):

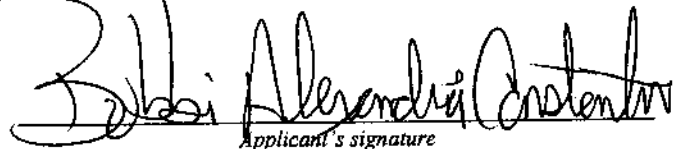
135 Shaker Road - 1,239.15      Credit Cards 1,053.85  
 5101 N Myrtle Beach - 940.85  
 2016 Jeep - 275.00      Total monthly payments 3,612.85  
 gas & lights 104.00

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support: NONE

8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):

① mortgage Vanbuildet 209,534.57  
 ② mortgage QLoans 131,000.  
 ③ 2nd mortgage Mr West 30,000  
 Credit cards 37 of them 65,384.99.

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: MAY 25, 2017.


Applicant's signature

Bobbi Alexandria Constantine.  
 Printed name